

POWER UNITS THIS FORM ONLY

MONTANA DEPARTMENT OF TRANSPORTATION
PO BOX 4639
HELENA, MT 59604-4639
TEL: (406) 444-2998 FAX: (406) 444-0800

PLEASE MARK THE ONE ITEM YOU ARE REQUESTING ON THIS FORM:
(Please use separate Form C for Add State, Increase Wt. vs Add and/or Deletes)
☐ Need ☐ Add States (Sch. B also needed for mileage)
Temporary ☐ Increase Weights- one Sch.C per different weight
or ☐ Add Vehicle(s)
☐ Delete Vehicle(s)

Supplemental Application
SCHEDULE C

1	Account Number	Fleet Number	Supplemental Number	License Year	Name of Contact								
Name of Registrant (REQUIRED)				Telephone Number						Fax Number			
Doing Business As (if different than registrant name)													
2	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE <u>WEIGHTS LISTED BELOW</u> . UNITS OPERATING AT DIFFERENT WEIGHTS MUST BE GROUPED ON SEPARATE SHEETS. <i>For Quebec only please put in Combined Axles in the: AXLE/COMBINED AXLE AREA.</i>							AB		AL		AR	
AZ	BC	CA	CO	CT	DC	DE	FL						
GA	IA	ID	IL	IN	KS	KY	LA						
MA	MB	MD	ME	MI	MN	MO	MS						
MT	NB	NC	ND	NE	NL	NH	NJ						
NM	NS	NV	NY	OH	OK	ON	OR						
PA	PE	QC	RI	SC	SD	SK	TN						
TX	UT	VA	VT	WA	WI	WV	WY						
(KEY CODES) <u>TYPE OF VEHICLE:</u> TR = TRACTOR TK = TRUCK (if TK – specify ½ ¾ 1-ton or over – USE FORM C-T FOR TRAILER) BS = BUS (Need HP) <u>FUEL TYPE:</u> D = DIESEL P = PROPANE G = GASOLINE O = OTHER													
3	1	2	3	4	5	6	7	8	9	10	11	12	13
	EQUIP. NO.	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	VEH. TYPE See KEY CODE	AXLES / <u>COMBINED AXLES FOR QUEBEC ONLY</u> OR SEATS FOR BUS	FUEL TYPE	EMPTY WT.	GROSS WT.	FACTORY PRICE	PURCHASE PRICE	DATE OF PURCHASE	PREVIOUS REGISTRATION
						/							
	OWNER:		JURISDICTION TITLED IN AND TITLE NUMBER:					BUS HP:		OVERLENGTH PERMIT:			
						/							
	OWNER:		JURSIDICTION TITLED IN AND TITLE NUMBER:					BUS HP:		OVERLENGTH PERMIT:			
						/							
	OWNER:		JURSIDICTION TITLED IN AND TITLE NUMBER:					BUS HP:		OVERLENGTH PERMIT:			
						/							
OWNER:		JURSIDICTION TITLED IN AND TITLE NUMBER:					BUS HP:		OVERLENGTH PERMIT:				
4	DELETIONS												
1	2	3	4	5					6			7	
ORIGINAL SUP.	EQUIP. NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER LIST COMPLETE VIN NUMBER					APPORTIONED PLATE NUMBER			REASON FOR DELETING	
5	MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-302 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.												
	AUTHORIZED SIGNATURE:					TITLE:				DATE:			